Comparing the effects of Abstract and Realistic Self-Portraits on the Self-Esteem of Adolescent Women: A Pilot Study

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Submitted in partial completion of the requirements for the degree of Master of Arts in Art Therapy and Counseling (MAATC)

May 3, 2021

Institutional Review Board (IRB)
Albertus Magnus College

DATE: Mar. 1 2021

Dear Katrina,

This letter serves to officially notify you of approval by the Albertus Magnus College IRB for you to conduct your study on "realistic and abstract self portraits on adolescent women" as described in your IRB application. Please ensure that the confidentiality of your research participants is properly protected and that you remain within the boundaries you stated in the IRB application. If those boundaries change in relation to the study participants, please notify the IRB as an amendment may be necessary.

Your study is authorized to begin as of the date of this approval letter and is valid for one year, ending on Mar. 1st, 2022.

If you have any questions, please contact Dr. Joshua Abreu, the IRB Administrator, by e-mail at jabreu1@albertus.edu.

Sincerely,

Joshua Abreu, Ph.D.
IRB Administrator

Acknowledgments

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Advisor:	Stephen P. Joy, Ph.D. Professor of Psychology and Chair, Department of Psychology, Albertus Magnus College
Reader:	Ragaa Mazen, Ph.D., NCC Director of Master of Science in Human Service Coordinator of Counseling/Psychology, Master of Arts in Art Therapy and Counseling and the Director of Master of Science in Human Services, Albertus Magnus College

I would like to thank my father for imparting his wisdom and instilling in me the belief that art is sacred and creation is vital for our livelihood. I also want to thank my husband, family, and friends for their endless support during this process.

Abstract

This pilot study explored the impacts of drawing abstract and realistic self-portraits on the self-esteem of adolescent women. It was hypothesized that participants who drew an abstract self-portrait would show an increase in self-esteem while those who drew a realistic self-portrait would show a decrease in self-esteem. Participants (N=15) were adolescents who identify as women aged 15-17. Using a pre-post design, the State Self-Esteem scale was administered before and after participants drew a self-portrait. The results revealed no significant changes between the pre-post scores. A paired-samples t-test revealed no significant change for the group as a whole: $t(14) = 0.04$, $p= 0.97$. Independent-samples t-tests were used to compare change across conditions; the amount of change did not differ, with those in the realistic condition showing a mean increase of 1.29 (SD = 5.35) and those in the abstract condition showing a mean decrease of 1.00 (SD = 7.43): t(13) = 0.67, p+.51 This pilot study provides a model for replication and future research should be conducted to explore the usefulness of self-portraits as an intervention in addressing the issue of self-esteem in adolescent women.

Comparing the effects of Abstract and Realistic Self-Portraits on the Self-Esteem of Adolescent Women: A Pilot Study

Self-esteem is described by Rosenberg (1965) as the positive or negative attitudes held toward the self. Self-esteem can be impacted by physical appearance, socioeconomic status, sexuality, gender, race, and ability. Studies have shown that adolescent females are at a higher risk of low self-esteem than males (Bleidorn et al., 2015). Low self-esteem in female adolescents can lead to poor academic performance, dropping out of school, substance abuse, teen pregnancy, and criminal behavior. Depression, anxiety, suicide, disordered eating, substance abuse, and poor physical health have been linked to low self-esteem (McClure et al., 2010). Low self-esteem has been associated with psychological, physical, and social consequences that may influence successful adolescent development and the transition to adulthood (Gerrard et.al 2010) Adolescents who experience low self-esteem may also experience long-term psychological issues. Masselink et al. (2018) found that low self-esteem in early adolescence increases the likelihood of depressive symptoms during late adolescence. Examining the current responses to low self-esteem in adolescent females is necessary to the field of mental health because of these pervasive negative social and psychological outcomes.

Adolescent Development

Erikson (1968) noted that the primary task of adolescence is identity formation, including the formation of beliefs, values, and social roles. Adolescence is a time for reflecting, exploring the meaning of their lives, and considering their role in society. He believed that the goal of identity formation is to ultimately increase personal differentiation and connection to others (Erikson, 1968). The process of identity formation is completed over a span of six distinct sub-stages in adolescence as described by Blos (1962). The first is the ‘latency period’, in which

adolescents prepare for puberty and begin ego development. In the second stage, they progress into ‘preadolescence’, characterized by an increase in their pubertal drive and a surge of sexual energy. It is during this stage that adolescents become more defiant, unpredictable, and at times aggressive. Moving into the third stage, ‘early adolescence’, individuals begin to pull away from their families and gravitate toward their peer groups. Their friendships, relationships and social lives become their central focus. Adolescents become infatuated with heroes, rock stars, social media influencers, or any older adult they admire, allowing them to try on different identities in search of their own. The developmental task of the fourth stage, ‘adolescence proper’, is emotional disengagement from parents. They reach somatic maturity and their libidinal drive increases. They experience a chaotic, inner turmoil that is full of emotion and fear. In the fifth stage, late adolescence, individuals begin to stabilize and consolidate their personality. The inner conflict subsides, and their emotions, self-esteem, and behavior become more stable. Finally, in the sixth stage, post-adolescence, individuals transition from adolescence to adulthood. The moral personality emerges; they have a clearer concept of where they belong in society and senses of purpose and direction (Blos, 1962).

Adolescence can be a tumultuous stage of development. Whitmire (2000) noted that it is a period of transition with great physical and emotional changes. Adolescents are experiencing complex, cognitive, and social growth that makes possible the development of individual potential. They are in the midst of identity formation, developing an intense interest in their bodies and how they are outwardly perceived. They are also developing the ability to make mature and independent judgments. This is when we see the establishment of personal values and beliefs, while thinking becomes more abstract and often idealistic.

Self Esteem and Adolescent Females

Across the lifespan, self-esteem levels tend to decrease in early adolescence and increase in later adolescence (Robins & Trzesniewski 2005). In addition, those who have lower levels of self-esteem in early adolescence are likely to have lower self-esteem than others in late adolescence as well. Globally, there is consensus that the mental health of female adolescents is impacted by concerns of low self-esteem (Bleidorn et al., 2015; Clay, 2005; Drosdzol et al., 2010). Robins and Trzesniewski (2005) found that girls especially experience a dip in self-esteem during adolescence. In a cross-cultural study by Bleidorn et al. (2015) the researchers found a significant difference between the self-esteem of male and female adolescents. A large sample (*N*=985,937) included adolescent participants from 48 different countries. Using an online survey, self-esteem was measured by the Single-Item Self-Esteem scale. Data analysis showed that across all nations the male adolescents scored higher on self-esteem than females.

The relationship between adolescent female self-esteem and their external presentation to others has been studied in regard to body-image. Drosdzol et al. (2010) examined the self-esteem of adolescent females with hirsutism, also known as excessive body hair, caused by hormonal imbalances. The study examined two groups of adolescent girls aged from 13 to 18. One group consisted of 75 girls who had reported menstrual cycle disturbances, and the other consisted of 50 healthy adolescent girls. Data was collected from both groups for weight, height, BMI, hirsutism, and menstrual cycles. Participants also completed the Rosenberg Self-Esteem Scale (1965). The results showed significant differences between the experimental group and the control, with the hirsute adolescents showing significantly lower self-esteem.

Self-esteem for young women is linked to cultural norms of beauty. Clay (2005) examined the relationship between body image and self-esteem in adolescent girls who live in the United Kingdom. The participants (*N*=136) were females who were ages 11-16. The

participants were exposed to media images of ultra-thin models, average-sized models, or no models as the control. The researchers then measured body satisfaction using the Appearance Evaluation Subscale of the Multidimensional Body-Self Relations questionnaire. They also measured the self-esteem of the participants using the Rosenberg Self-Esteem scale. Data analysis showed that viewing ultra-thin or average-size models led to decreases in both body satisfaction and self-esteem in adolescent girls. The results of this research demonstrated a correlation between the media images our adolescents are exposed to and their self-esteem. It is evident through this body of research that low self-esteem in adolescent females is experienced globally, has social consequences, and is linked to cultural notions of beauty.

Social media and adolescent self-esteem. As adolescents rely on social media posts as a core means of self-presentation, the perceived importance of their physical appearance may be heightened (Veldhuis et al., 2020). The content of other social media users is often idealized, edited, or set up to maximize attractive self-presentations. This may create a cycle in which adolescents are unable to obtain the appearance norms and then have a disconnect between the perceived and ideal physical self (Steinsbekk et al., 2021).

Taking a selfie is the modern form of a self-portrait. Multiple editing applications allow users to manipulate pictures before putting them on social media. Platforms such as Instagram™ and Snapchat™ allow users to apply filters that transform their appearance. This can be used to reinforce or empower oneself. According to sociocultural theory (Veldhuis et al., 2020), social media can lead women to internalize the beauty ideal and encourage them to compare themselves to others. The beauty ideal is difficult to achieve, leaving women to experience negative body image. Meier and Gray (2014) concluded that engaging in appearance-related activities on Facebook™, such as posting photos of oneself, was associated with increased weight

dissatisfaction, drive for thinness, internalization of appearance ideals, and self-objectification. (Veldhuis et al. (2020) investigated the relationships between body image, self-objectification, self-esteem, and various selfie behaviors. Participants (*N*=179) were young females ages 18 to 25 years old. They completed measures concerning selfie behaviors, body image, self-objectification and self-esteem. The researchers hypothesized that dissatisfaction with one's body image, higher levels of self-objectification, and lower self-esteem would be related to more frequent selfie behaviors. The findings concluded that women who appreciated their bodies more were more likely to engage in selecting selfies and posting them on social media. McLean et al. (2015) found that more investment in selfie-related social media use was related to more body concerns among young women; this relationship was stronger for those who reported more photo investment and manipulation. Cash and Fleming (2002) found that young adult women indicated posting selfies as a motive to push forward a positive self and in turn increase their self-esteem. Cohen et al. (2017) showed that sharing selfies was associated with increased body dissatisfaction and bulimia symptomatology among young women.

Art Therapy and Adolescence

Art therapy is a form of psychotherapy that utilizes artmaking and self-expression for healing and improving quality of life (American Art Therapy Association, 2017). Art therapy may be useful in addressing adolescent female development, mental health, and self-esteem. According to Riley (2001), distressed adolescents tend to be uninterested in seeking help from adults. Art therapy offers a non-threatening way for teens to express their inner feelings. Many teenagers are willing to draw and create art freely even though they may resist talking to adults, and art therapy can offer a support system to them when they are experiencing abuse, depression, lack of self-regard, or sudden social or academic failure (Riley, 2001).

Individuals in adolescence are at their prime for the benefits of art therapy because they are at their most creative, and they are very concerned with developing and expressing their individuality (Beaumont, 2015). Lowenfeld and Brittain (1987) argued that adolescents want to create meaningful art and should be provided with an opportunity to express themselves and to feel that their art is important to themselves and to others. Emunah (1990) explains that the benefits of art therapy lie not only in the outlet that it provides but also the containment that can permit and facilitate emotional insight. While adolescents' need to express their internal world is great, they have not yet acquired the capacity to articulate what they think and feel, therefore a form of creative expression is necessary (Emunah,1990).

Self-Portraits and Adolescents

Certain art therapy methods and approaches can be particularly effective when working with adolescents. Lowenfeld and Brittain (1987) noted that adolescents desire to create meaningful art and should be provided with an opportunity to express themselves and to feel that their art is important to themselves and to others. Adolescent artwork is often born out of the need and impulse to express their inner turmoil; it is not surprising that adolescent artwork is often autobiographical (Blos, 1967). The work of Beaumont (2015) suggested that it was important for art therapists to engage adolescents by including anything related to the self because developmentally their primary task is identity formation. These directives could be focused on opportunities to express likes and dislikes, to respond to sociocultural and political issues, and to create self-portraits. Self-portraiture done in an art therapy setting may correlate with constructs of self-esteem.

In an effort to examine the efficacy of art therapy with a specific adolescent population, Hartz and Thick (2005) conducted research with female juvenile offenders. The researchers

compared two different formats (art therapy and 'art as therapy') and hypothesized that both groups of participants would be impacted by the art making, citing influence on self-esteem as one aspect of the treatment. Participants completed the Self-Perception Profile for Adolescents and a post-treatment questionnaire. While there were no significant differences between art psychotherapy and 'art as therapy', the majority of participants found art therapy helpful in developing a sense of mastery, connection to others, and increased self-approval, all are qualities associated with self-esteem.

More recently, Higenbottam (2015) reported significant improvements in adolescent girls' self-esteem after their participation in an art therapy group. The group consisted of seven (*N*=7) adolescent females aged 13-14 who met weekly for eight consecutive weeks. The participants were referred to by a school counselor for a variety of reasons including negative body image, low self-esteem, and suspected eating disorders. The participants completed art directives focused on body image and self-esteem. These included collages of media images and sculpting their own body parts. In addition, they completed the Daley and Lecroy Go Grrrls Questionnaire, which measured feelings around body image and self-esteem, prior to the weekly sessions. The participants' feelings about the art therapy group were collected via surveys created by the researchers. The results found a statistically significant difference between the intake and follow-up rankings. Additionally, the 'feelings about art therapy' survey showed that five of the seven participants felt strongly that the group was helpful and could be beneficial to girls in the future. The results suggest that improved body image and self-esteem among participants was associated with participation in the art therapy group, though in the absence of a control condition, and the limitation of a small sample, this is a tentative conclusion

Self Portraits and Self-Esteem

Any art therapy directive that focuses on depicting the self may have an impact on self-esteem. Dey and Ghosh (2016) noted a person's self-esteem as a judgment of worthiness that is expressed by the attitudes he or she holds toward themselves. In their study done in India, they researched the relationship between human-figure drawings and self-esteem. The aim of the study was to investigate the relationship between human-figure drawings, cognitive styles, and self-esteem on the theory that the human figure is "essentially a portrait" based on the inherently projective nature of the art process. Researchers defined a person's self-esteem as a judgment of worthiness that is expressed by the attitudes he or she holds toward themselves (Dey & Ghosh, 2016). The sample consisted of 10-15-year-old boys and girls (N=600) divided into three age-based strata. Participants completed the Coopersmith Self-Esteem Inventory (1967) and the Goodenough-Harris Drawing Test (1963). Relations between human-figure drawing and self-esteem scores were significant across age groups and for the entire sample; higher human-figure drawing scores were related to higher self-esteem while lower human-figure drawing scores were associated with lower self-esteem. While this research was conducted in a different culture and involved human figure drawings scored for intellectual ability rather than personal adjustment, the scale of the study is noteworthy.

Considerable evidence supports the hypothesis that human figure drawings can be scored in such a way as to differentiate between psychologically healthy and emotionally disturbed children and possibly also adolescents (Koppitz, 1968; Trevisan, 1996). However, one rating system intended to measure self-esteem failed to correlate with widely used self-report measures (Groth-Marnat & Roberts, 1998).

Biondi (2005) discussed how the use of art tasks that express self-identity increased self-esteem. With 18 participants (N=18) this longitudinal study consisted of one group of college age

participants who completed four different directives that focused on identity. In the first session, the participants were asked to complete the Rosenberg Self Esteem Scale and then use magic markers and paper to draw something that will introduce them to the group. In the second session, participants were asked to use magazine cutouts to create an image that resembled their identity. In the third session, they used Model Magic ™ to make a sculpture representing them self. Finally, in the fourth session, the participants made a collage to create a mask that represented their identity and completed the Rosenberg Self Esteem Scale again. A paired sample *t*-test indicated that there was a statistically significant difference between the pre-and-posttest self-esteem scores. To some degree, all of the directives were expressions of the self, with some of the tasks more closely aligned with a literal self-portrait. The results of the study supported the hypothesis that self-portrait tasks would increase self-esteem.

The use of self-portraits in art therapy may open a window into a client's inner world. In a paper citing case studies, Costello-Du Bois (1989) used head portraits as an approach to create connection with his clients during art therapy. He premised, that creating and viewing portraits could increase awareness of a client's body in a nonthreatening way. He further suggested that for clients whose self-esteem had suffered because of physical, mental, or emotional problems, the process of drawing portraits could give them a feeling that their existence is acknowledged. She did not provide direct evidence in support of these hypotheses; one of the purposes of the present study is to do so.

Conversely, self-portraiture may also evoke negative feelings related to how individuals perceives themselves. In a qualitative research study, Pelon-Sweet and Sherry (2008) discussed the use of self-portraits as a successful tool to navigate the reveal of sexual orientation or transgender identity. They examined the coming out process for LGBTQIA+ clients through self-

portraits, exploring the relationship between self-esteem and the ability to express who they are as individuals. Participants were asked to create “Inside Me” and “Outside Me” self-portraits. The two drawings depicted a publicly presented self and a more private internal self. Researchers concluded that the art making allowed for self-reflection and further discussion between the client and the art therapist, and that clients were able to externalize feelings and vulnerable qualities related to self-esteem. The results suggest that a self-portrait directive in art therapy can produce works of art that reflect the impacts of self-esteem on the participants in the study.

Muri (2007) discussed the use of self-portraits for self-reflection and acceptance of the self in art therapy. Because self-reflection and acceptance of the self may be connected to development of self-esteem, the researcher noted that as a therapeutic intervention, self-portraiture drawing could enrich the understanding how clients have been able to overcome and transform their life experiences. She hypothesized further that self-portraits might convey information regarding the client’s view of him or herself, similar to projective art-based assessments such as the classic House-Tree-Person drawings (Buck & Hammer, 1969). Muri further suggested that creating self-portraits could be helpful with individuals experiencing depression due to the high incidence of low self-esteem in this population.

Further findings suggest a correlation between self-esteem and self-portraiture. Tine (2014) examined the correlation between the size of a facial self-portrait (shoulders, neck and face) and self-esteem with college-age students. It was hypothesized that the area size of the self-portrait would positively correlate with the level of self-esteem. Participants (N=30) completed the RSES then drew a self-portrait which depicted the face and neck only. While the results of the study were not statistically significant, the relationship between the size of the self-portrait and the participant’s self-esteem resulted in a trend towards a positive correlation. These findings

suggest there may be important relationships between one's self-esteem levels and how people depict themselves in self-portrait drawings.

Delving further into the relationship between self-portraits and self-esteem, Sklenarik (2019) hypothesized that adults who created a self-portrait focusing on positive attributes would see an increase in resiliency and positive affect. Her study included two groups, an experimental group who were asked to create a self-portrait focusing on their positive attributes and a comparison group who simply draw a self-portrait. Both groups were provided with oil pastels to create their artwork, and data was collected through pre-post completion of The Connors-Davidson Resilience Scale and the Positive and Negative Affect Schedule. There was a significant effect of increased self-esteem for both groups; however, there was not a significant difference between the two art making groups**.** This suggests that creating a self-portrait may have an impact on self-esteem.

Self-portraits may be focused on parts, such as only the head and shoulders, or on the whole self, including the entire physical body. Whole body images may serve as a tool for addressing body image and self-concept in the context of a variety of issues such as eating disorders (Williams et al., 2014), sexual trauma (Zoldbrod, 2014), and medical trauma. The use of body maps with trauma survivors has been an effective tool in creating awareness of oneself and how trauma is stored in one's body (Zolbrod, 2015). It creates a visual guide for where they feel safe in their bodies and where they do not feel safe. The process allows for self-reflection and self-awareness which aid in healing trauma survivors.

Williams et.al (2014) examined the use of body tracing among women with high body dissatisfaction. Body tracing is the therapeutic approach often used in eating disorder treatment. Individuals draw an outline of their perceived body on a large piece of paper and then trace the

outline of their actual body on the same paper. The assumption is that the process would allow for individuals to have a more accurate and realistic view of their body. Female undergraduates (*N=56)* from a college in the Midwest were recruited for this study. It was hypothesized that participants would experience an increase in negative mood and state body dissatisfaction. The results concluded that individuals experiencing higher levels of body dissatisfaction showed greater body dissatisfaction following participation in body tracing. In addition, individuals with lower trait body dissatisfaction experienced more anxiety after body tracing. These findings suggest that body tracing has potential negative effects when applied to young women experiencing body dissatisfaction.

In a similar study involving potential negative effects of creating self-images of one's body, self-figure drawings were used to record changes in self-perception in breast cancer survivors (Barel-Shoshani & Kreitler, 2017). Breast cancer patients who undergo chemotherapy or surgery endure tumultuous changes to their bodies which in turn may damage their body image. Female participants (*N*=70) were asked to draw two self-figures: one as they saw themselves at the present time and one of how they saw themselves pre-illness. The self-figure drawings were compared using seven indicators: breasts, hair, body outline, lower body, mouth, eyes, and head outline (Barel-Shoshani & Kreitler, 2017). The findings showed differences in self-perception pre- and post-illness by three drawing indices: hair, body outline, and eyes. The researchers suggested that these graphic indicators were signs of distress, anxiety, and damage to self-esteem and sense of femininity. The projective use of these before and after self images seemed to allow participants to identify feelings that may not be expressed through verbal communication and to provide more insight into the survivor's experience.

Hanes (2007) reported on two case studies that involved patients in an inpatient psychiatric hospital who attended art therapy during treatment. These patients spontaneously created self-portraits of their head and neck in art therapy sessions. Both participants confronted their addictions through the creation of self-portraits from the neck up. The author speculated that the representation of themselves helped them to work through the defense mechanisms that distorted their sense of self. These case studies are an example of how depictions of self can express self-esteem.

Abstract self-portraits. While research suggests that self-body images and portraits may trigger negative affect in certain populations, lack of artistic skill may also heighten negative self-image. Hanes (2007) notes that in spite of repeated assurance that artistic skill is not a necessary component of the creative process, clients often feel inhibited when they are unable to make realistic images (Hanes, 1998). He suggests that the use of abstract imagery in art therapy can be an effective way of concealing and revealing what a client is struggling. The use of abstract imagery is less threatening than realistic art because abstraction is not intended to reference any objects in the environment, therefore requiring less artistic skill for realistic rendering. Abstraction is not judged in terms of realism thereby allowing the client to focus on the engagement with the creative process. Using abstract imagery in art therapy may be effective when taking into account self-esteem and perceptions of artistic skill, both of which may be particularly heightened during the adolescent period. Further, Hanes (2007) and others (Clay et al., 2005; Lusebrink, 1990) suggested that tapping into expression through metaphor and symbolic (rather than realistic) representation could reduce self-doubt and further the client's development and their understanding of themself and others.

In contrast, the concept of abstract expression during art making may invite a different sense of freedom to create as well as explore (Hanes, 1998). The literature has shown that for adolescent girls in particular, there can be a fixation on the physical self. This connection also has the potential to create a negative impact on self-esteem when focusing on how one looks, as would be emphasized that a client creates a realistic self-portrait. However, research also indicates that during adolescence there are developmental shifts toward abstract and idealistic thinking, which may suggest a possible positive impact on self-esteem through abstract portraiture.

In this study, participants were instructed to draw head-and-shoulder self-portraits that are either realistic or abstract. It is hypothesized that there will be a decline in self-esteem among those who are asked to draw an image of their physical self in a self-portrait and an increase in self-esteem in those who draw an abstract interpretation of their inner selves using color, line, shape, and form.

Methods

Participants

Inclusion criteria for participation are that the individual self-identify as women and fall between the ages of 15 and 19. A small sample of (N=15) participants were recruited using a flyer (Appendix A). Flyers were distributed at places where the researcher had permission to recruit participants including a local after-school program, a community arts center, and a local high school. The flyer was dispersed through social media platforms including Facebook™ and Instagram™. As incentive, participants were entered into a raffle for a $50 gift card and kept the art materials provided.

The average age of the participants was 16 years old. The majority of the participants identified as women except for one participant who identified as Two Spirit. Participants identified their race as White except for two who identified as Asian and one who identified as American Indian. The question relating to being of Hispanic was not clearly written, so this cannot be reported. In terms of art experience, three of the participants continued art classes in high school while the rest did not. When looking at how frequently the participants made art, five participants frequently made art outside of school, six participants made art occasionally, and the rest rarely made art. Participants lived in various states across the country, creating a sample, although small, representative of different regions in the United States.

Instruments

The State Self-Esteem Scale

The State Self-Esteem Scale (Heatherton & Policy, 1991) is a 20-item scale that measures a participant's self-esteem at a given point in time. The 20 items include three components of self-esteem: performance self-esteem (7 items), social self-esteem (7 items), and appearance self-esteem (6 items). The items are answered using a 5-point Likert-type scale. The sum of all 20 items (ranging from 20-100) measures global state self-esteem.

The construct validity of the measure was tested in five studies conducted by the developers. The internal consistency of the total score was high ($\alpha = .92$). The results displayed concurrent and discriminant validity in the laboratory, in a classroom, and in clinical settings. For example, total scores correlated strongly with the Rosenberg Self-Esteem scale ($r = .72$) and the Beck Depression Inventory ($r = -.71$) but only modestly with social desirability ($r = .27$). The scale is sensitive to immediate experience; for example, students receiving low midterm grades reported significantly lowered performance self-esteem (but no impact on social or appearance

self-esteem). Overall, the scale is psychometrically sound regarding factor structure, content validity, and construct and discriminative validity.

Linton and Marriott (1995) tested the State Self-Esteem Scale in an adolescent sample; their findings supported the utilization of the scale. The test confirmed that the SSES measures the four-distinct components within the state self-esteem construct and provided evidence confirming the fluctuating nature of state self-esteem.

Materials

Participants were given a large envelope containing art supplies and their experiment group assignment. In the packet, there was a template depicting a gender-neutral outline of a head and neck to allow for gender expression as well as eliminate the confound of feelings around body image. (Appendix B). The template was on an 8.5" by 11" (21.59 cm by 27.94 cm) piece of white, cardstock paper. Participants were given a 24-pack of Blick Essentials ™ colored pencils and a pencil sharpener. They were also given a sealed white envelope informing them of their random assignment to group A or B.

Procedure

Given the current state of the COVID-19 pandemic, the study was conducted virtually on Blue Jeans™ to insure the health and safety for all participants. Prior to the study, the consent forms (Appendix C), photo release forms (Appendix D), and emergency contact forms (Appendix E), were sent to parents/guardians via email to electronically sign using Adobe Acrobat Reader DC™. For site one, materials were delivered through the school lunch delivery program. For site two, the materials were dropped off at the after-school program for participants to pick up. From then on, the procedure remained the same. Participants over the age of 18 completed the consent form themselves. The participants under 18 were asked to complete an

assent form (Appendix F) using Adobe Acrobat Reader DC™. The researcher read from a script (Appendix G) to insure a consistent procedure per participant.

Once the consent and assent forms were completed, participants were instructed to complete the State Self-Esteem Scale (Appendix H) using Google Forms™. Next, they opened their sealed envelopes to reveal which group the participant was assigned to. Members of group A were instructed to create a self-portrait that depicts their realistic physical features. Those in group B were instructed to create an abstract depiction of their inner selves using lines, colors, forms and shapes. Participants were allowed up to 20 minutes for art making. After art making, they were asked to complete the State Self-Esteem Scale again and a demographic survey (Appendix I) using Google Forms™. The participants whose parent/guardian consented to have their artwork photographed were asked to email the researcher a photograph of their artwork to their school email address. The artwork was de-identified and kept in a secure external hard drive, the email was deleted immediately after. A debriefing form (Appendix J) was distributed via Google Forms™ and there was time for questions from participants.

Digital Protection Protocol

While still in the early stages of the pandemic, the most recent American Psychological Association (APA) guidelines were used to inform how the data is collected remotely. All Google Forms™ were created via the Albertus Magnus College student account to protect any data from being tracked. The consent form, assent form, image release form, and emergency contact form were created in Adobe Acrobat Reader DC™. The State Self-Esteem Scale and demographics were created in separate Google Forms™. All forms containing personal information were placed in separate folders on an external hard drive. This method is designed to separate sensitive and personal information from the data. The emergency contact form is designed to be deleted

immediately after the session to enhance protections of the participant. These steps ensure the digital safety of each participant in accordance to APA.

Results

The reliability of the State Self-Esteem Scale was evaluated using Cronbach's Alpha. The scale had excellent internal consistency (α = .93 for the pre-test and α = .95 for the posttest). Total scores of the State Self-Esteem Scale averaged 67.20 (SD=14.97) before completing a self-portrait and 67.27 (SD=17.39) afterward. A paired-samples t-test revealed no significant change for the group as a whole: $t(14) = 0.04$, $p = 0.97$. Independent-samples *t*-tests were used to compare change across conditions; the amount of change did not differ, with those in the realistic condition showing a mean increase of 1.29 (SD = 5.35) and those in the abstract condition showing a mean decrease of 1.00 (SD = 7.43): t(13) = 0.67, p+.51. Scores on the three self-esteem subscales (Performance, Social, and Appearance) were also examined; the results, shown in Table 1, were uniformly nonsignificant.

Having an art background did not have an effect on the self-esteem scores. We found that participants who took art classes did not change more or less than those who had not: t (13) = -0.78, p = .45. Greater involvement with art showed no significant relationship to change in total self-esteem scores (r = -.18, p = .52).

Discussion

This study was conducted to investigate if there was a change in self-esteem in adolescent women who completed a realistic or abstract self-portrait. It was hypothesized that participants who created an abstract self-portrait would have an increase in self-esteem and those who created a realistic self-portrait would experience a decrease in self-esteem. Results for this study showed the hypothesis was not supported, with no significant changes in self-esteem for either group.

These results may be due to the small sample size of (*N*=15), though the observed effect is so small that it would be unlikely to amount to anything of clinical importance even if it held up in a much larger sample. Participant recruitment protocols for this research were modified from in-person to online format due to the coronavirus pandemic restrictions, a change that may have contributed to the lower than expected sample size. Still, this research serves as an exploratory effort in piloting a design for future replication. In addition, this research provides an opportunity to informally review aspects of the artwork that might inform additional modifications to future research on this topic of adolescent women and self-esteem.

In reviewing the self-portraits, there were themes of formal elements in the artwork. All of the realistic self-portraits in Group A (*N*=8*)* showed distinct separation between the head and body by drawing a line to separate the two. Of note, the majority of the participants drew themselves in V-neck shirts. Other participants used a necklace, collar, or shirt to separate their heads from their bodies. Figure.1 is an example from the realistic self-portrait group that illustrates the head and body separated by a neckline with heavy shading as emphasis. Machover (1980) suggests that the use of adornment of the neck is an attempt to distract attention from the neck, moving the focus to the face or chest area. Head and neck separation in figure drawings may also indicate a need to separate impulses and control function more so than to adorn the figure.

In contrast, the abstract self-portraits did not adorn the neck and left the space open for flow from the body to the head. The abstract self-portrait may have allowed for more connection from the head to the body and freedom to explore internal aspects of the self. It may be that the realistic self-portraits created greater anxiety and vulnerability about the physical body that participants were feeling in the realistic self-portrait group. It is worth noting that in the realistic

self-portrait group, none of the participants depicted breasts, though this is a typical physical attribute of this age group. Only one participant created lines suggesting a chest. This body part omission may be related to feelings of ambivalence in this age group around the emergent sexuality. Puberty has profound effects on body image and self-esteem (Peterson et al., 1995) The changes brought about by pubertal maturation tend to be viewed more negatively by girls. They see the changes in their bodies as an increase in weight and fat deposits, rather than change toward a mature shape (Petersen et al., 1995). These changes conflict with the societal emphasis on thin women and unattainable beauty standards displayed in social media that were discussed earlier in the literature review. The lack of definition, blocking, and distracting from the chest area in all of the self-portraits suggests defense mechanisms being employed. Goldner et. al (2018) discussed concentrating on the details of facial features instead of other body parts when looking at self-drawings in adolescents. They posited that adding details and concentrating on facial features instead of other body parts might suggest adolescents' emotional investment in their self-system and their positive self-representations. Perhaps by investing in facial features, the participants were able to distract from the internal turbulence of puberty.

The artwork of participants who depicted a realistic self-portrait showed emphasis on the eyes, nose, lips, as shown in Figure 1 with heavy emphasis on the eyes, compared to the rest of the features. It is not uncommon for adolescent women to give eyes cosmetic embellishment in their self-portraits (Riley, 2010). As discussed in the literature review, emphasis on facial features may relate to the beauty standards set by social media and the utilization of beauty enhancing filters when taking selfies. For example, in 2015, Snapchat™ introduced "Lenses" or face filters. These filters apply virtual accessories and edit facial features, enabling users to augment their appearances. The beauty filters often thin out the face, slim and shorten the nose, enlarge the

eyes, plump the lips and smooth out the skin. Snapchat filters morph the user's face into compliance with a stereotypical form of beauty. People of color also find their complexions unnaturally and undesirably lightened by Snapchat's filters (Barker, 2020), suggesting a biased standard of beauty for skin tone. The emphasis on the eyes, nose, and lips may be attributed to internalized beauty standards as well as distraction from the participant's body below the neck.

Examination of the artwork also suggests that there may be an intersection of self-esteem, beauty standards, and cultural influences. Of note, the participant who had the greatest negative change (-4) in the realistic portrait group, identified their gender as Two Spirit and they were the only participant of American Indian descent. The participant made art frequently and took art classes in high school. The artwork shows great attention to detail and like the others there is an emphasis on eyes, nose, and mouth. It is intriguing that they had a negative change despite their artistic skill and confidence in expressing their non-binary gender. This may suggest that self-esteem is impacted by feelings of self-competence, particularly in cultural contexts of beauty and gender norms as described by Peterson et al, (1995).

The abstract artwork of the participants who had the greatest negative change lacked integration and organization in their images, perhaps indicative of some kind of trauma, developmental delay, acute affective state, or cognitive impairment (Figure 3). This image shows a large open mouth along with a series of erratic lines covering the figure as if the figure is trapped behind bars. The lack of cohesion in the image suggests possible history of trauma and, if accurate, impacted the self-esteem scores as research has shown a relationship between trauma and self-esteem (Kucharska, 2017). In general, among the abstract portrait group, those with the greatest negative changes also tended to lack integration imagery in their artwork, possibly indicative of trauma. In light of this observation, future research in the area of self-esteem and

adolescence, a trauma screening should be utilized to ensure that the sample does not have a history of trauma or cognitive conditions that might skew the results of self-esteem scores.

Other observed commonalities among the abstract artwork included the use of shapes and symbols. Participants in the experiment group B were asked to create an abstract self-portrait depicting their inner qualities using line, color, shape, and form. The majority of participants responded literally to the instructions, drawing shapes and symbols in color. The most common shapes were triangles, squares, circles, and hearts, as evidenced in Figures 2 and 3. Under most circumstances adolescent art has a tendency to stay within safe stereotypes and familiar symbols (Riley, 2010). Typically, most respondents at this stage of development will respond literally to the instructions and simply draw some lines and shapes in color, as with this sample. Others were more capable of abstract thought and were able to create richer, more complex abstractions based upon their feeling states.

Another observed theme in the abstract self-portraits was the depiction of auras or halos, as seen in Figure 2 and 3. In these images, the participants used line and color to create what appears to be auras around their heads. This imagery may be interpreted as a kind of reinforcement of boundaries, perhaps in response to the inherent vulnerability of a self-reflection activity. Auras or halos can be interpreted as a metaphor for a kind of metaphysical expansion of the individual, on a deeper level beyond the physical one. In this interpretation, the abstract portraits may have provided the participants with the freedom to explore outside the template literally and metaphorically.

Social desirability also may have played a role in the results of the self-esteem scores and the quality of the artwork. The participants may have been insecure about their art skills, impressing the researcher, or self-conscious because they are making artwork for a stranger. A

person's self-image is sculpted by their interactions with others (Larose, 1987). Their desires, conflicts, and compensations are somatically entrenched and influence self-projection through drawing a human figure. These unconscious projections may not be easily identified in the test scores or even in interpretation of the artwork alone. Therefore, future research should include adding a writing portion to the procedure, so that participants can also express themselves in writing. Providing an opportunity for the participants to write about their artwork may ease anxiety around their artistic skill as limiting in expression and allow for a richer understanding of expressions of self-esteem.

Conducting this study virtually had benefits and drawbacks. Using a virtual platform left the researcher out of control of the participant's environment in that the researcher was unable to prevent distraction or control noise levels during the study. This may have impacted the results and should be considered for future research. For example, in spite of explicit instructions to the contrary, one participant had a parent present who assisted the participant throughout the procedure. This participant's data was not included in the analysis as a result.

A positive side of the study being virtual was participants were recruited on a national level. This allowed the researcher to collect a sample representative of young women from different parts of the country. Had the study been in person, the sample would have only represented one region of the country. The sample lacks diversity as majority of the participants identified as white women. This may be due to the long history of mistreatment and unethical experimentation of people of color in the mental health field. The warranted distrust may have impacted this researcher's recruitment of a more diverse sample.

Accessibility may have also played a role in recruiting participants. Participants needed access to a computer, phone, or tablet with a working camera in order to participate. Due to the

population being minors, it was also required that a parent or guardian be in proximity during the study. These factors may have contributed to the lack of diversity in the sample. Had the study been conducted in person, the two recruitment sites would have allowed the researcher to target diverse populations for recruitment.

In conclusion, despite a lack of statistical power to support the results of this research, this study contributes to the field of art therapy in some ways. Observation of the art-making process suggests that asking a person to draw a self-portrait leaves a person vulnerable and at risk for anxiety and art therapists should use this directive with consideration when working with vulnerable populations. Self-reflection can be daunting for an age group but adolescence, in particular, is driven by highly conflicted periods of physical and emotional growth that is central to identity formation. These conflicts seemed reflected in the realistic self-portraits through the repeated emphasis on the separation of the head from the body. The emphasis on the eyes, nose, and mouth in the art seemed to reflect the strong influence that social media plays in the self-presentation of adolescent women. The use of reinforcing lines and the lack of depiction of breasts speaks to the vulnerable feelings around development, puberty, and emergent sexuality, adding to the complexity of adolescent development.

In reflection, when using self-portraits in art therapy there should be already an established relationship between the client and the therapist. The artwork in this study suggested that creating self-portraits with adolescents can be a powerful and an expressive tool to be utilized in an environment that supports safety and vulnerability as an agent of growth and insight. This exploratory research provides a model for replication, on a larger scale, to determine the usefulness of self-portraits as an intervention in addressing issues of self-esteem in adolescent women.

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Table 1

Results for State-Self-Esteem Subscales

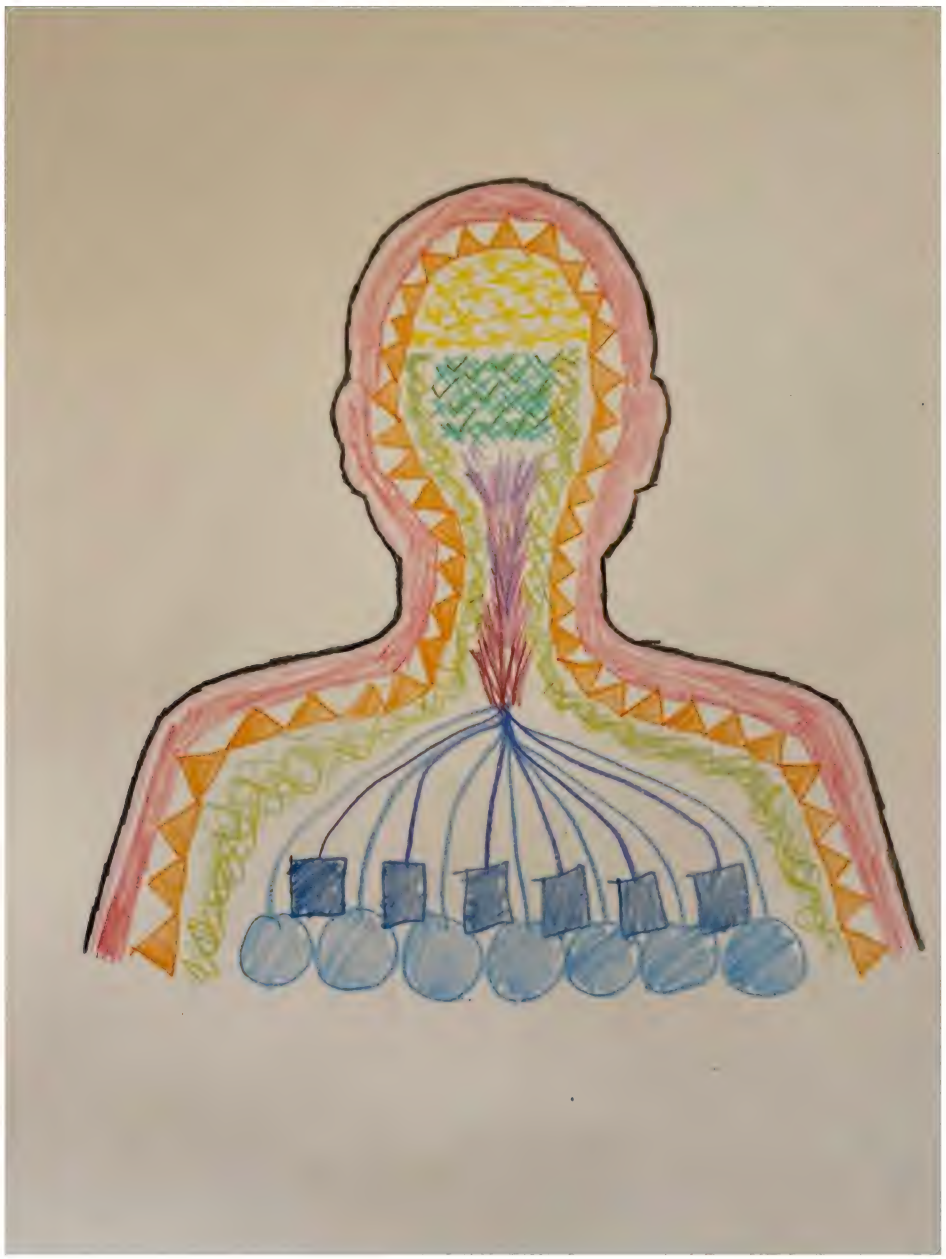
	Before Art-Making		After Art-Making		Comparative Change	
	M	*SD*	*M*	*SD*	*t*(13) =	prob.
Performance	25.13	5.45	24.67	6.51	0.78	.45
Social	22.33	5.92	22.67	6.81	0.80	.44
Appearance	19.73	5.84	19.93	5.66	-0.12	.91

Note: "Comparative change" = results of independent-samples t-tests comparing the amount of change in self-esteem across conditions (realistic vs. abstract)

Figure 1

Note. Realistic self-portrait done by a 15-year-old participant. Scored 65 on pre-test and 69 on post-test with a positive change of 4 points.

Figure 2



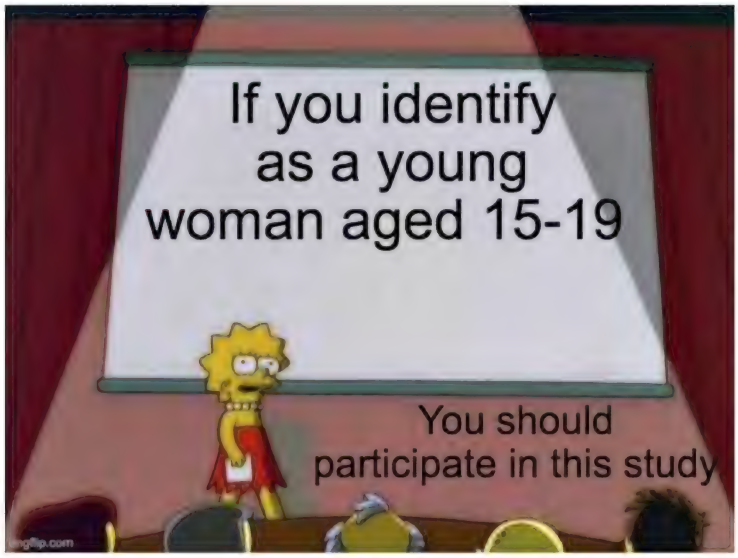
Note. Abstract self-portrait done by an 18-year-old participant. Scored 75 on pre-test and 80 on post-test with a positive change of 5 points.

Figure 3

Note. Abstract self-portrait completed by a 17-year-old participant. Scored 39 on the pre-test and a 29 on the post-test with a negative change of 10 points.

Appendix A

Flyer



Participants Needed for Art Therapy Study

Seeking adolescent women aged 15-19 to participate in a research study!

Participants will be asked to complete a questionnaire and create art. The process will take 1 hour to complete. Participants will meet virtually by appointment.

Artistic talent is not required!

Contact: Katrina Casey kcasey@albertus.edu

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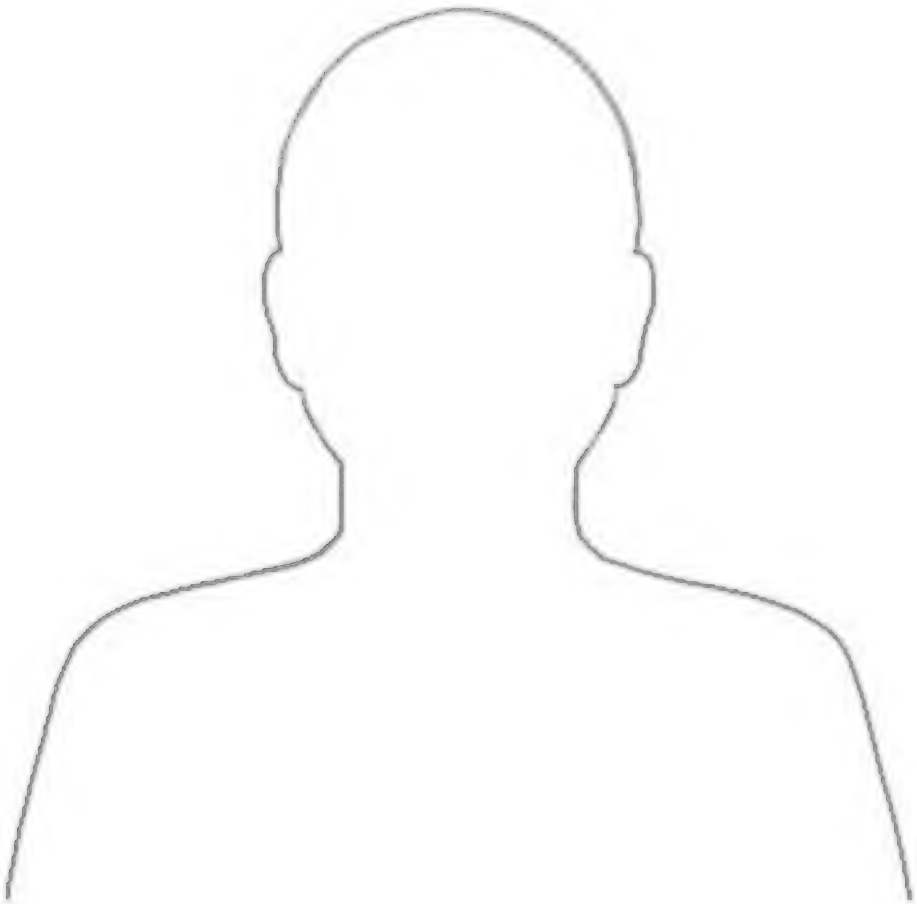
Appendix B

Template



Appendix C

Informed Consent

Informed Consent Form:

This study is being conducted as part of the requirements for the completion of the Master of Arts in Art Therapy and Counseling degree at Albertus Magnus College. The purpose of this study is to investigate the effects of art making in social interactions.

During this study, you will be asked to complete a demographic form and questionnaires involving social interactions and take part in an art making activity. Following the art making, there will be a brief discussion about the process. Participation in this study is confidential and is expected to take approximately 30 minutes. Any discussion and artwork will remain private and confidential without the use of your name. The design of the study requires that the researcher hold onto the artwork. Please note that art abilities are not a factor and will not be considered.

This is a completely voluntary study and if for any reason, you would no longer like to participate, you are welcome to withdraw at any time. There are no anticipated risks for participating in this study. Benefits of this study may include enjoying art making and assisting a graduate student in the completion of her thesis requirement, as well as contributing to the field of art therapy. The Institutional Review Board (IRB) at Albertus Magnus College has approved this study.

Please inform the researcher if you have any allergies to art materials. If you have any questions or concerns about this study you may contact the following individuals:

The Investigator:	Art Therapy Advisor:	Psychology Advisor:
Katrina Casey	Lisa Furman, PhD, ATR-BC, LPC	Stephen Joy, PhD
Kcasey@albertus.edu	lfurman@albertus.edu	sjoy@albertus.edu

Or:

Joshua Abreu, Chair of IRB

jabreu1@albertus.edu

Your signature below indicates that you are a legal guardian, have read and understand the description of the study, have had all your questions addressed, and are willing to participate.

Name (print): _____

Signature: _____ Date: _____

Appendix D

Image Release Form

Image Release form:

You are being asked to allow the investigator to photograph your artwork to be used for educational purposes. Please note that the artwork that you create during this study will remain confidential. Photographs of the artwork will only be taken with your consent and will not contain any identifying information.

Please check off your preference below in regards to your artwork:

▢ I agree that photographed images of my artwork can be used for educational purposes including publications, presentations at professional conferences, or for training purposes.

▢ I agree that photographed images of my artwork can be used for educational purposes including presentations at professional conferences or for training purposes, but not for publications.

▢ I agree that photographed images of my artwork can be used for educational and training purposes.

▢ I do not give permission for my artwork to be photographed for any of the above purposes.

I hereby give consent as noted above for the use of my artwork.

Name (print): _____

Signature: _____ Date: _____

___ I received a copy of this form for my record

Please note that once images have been disseminated publicly they may be difficult or impossible to obtain should you change your mind.

Appendix E

Emergency Contact Form

Emergency Contact Form for Remote Data Collection

Because data for this study will be collected remotely via an online platform, you are asked to provide emergency contact information should you need to be reached during the data collection.

Please provide a telephone number and an address where you can be reached during this time. Your physical address and phone number will only be used in case of an emergency.

This contact form and its contents will be deleted as soon as data collection is over. Any information on this form will only be used during the duration of the data collection.

Telephone number: _____

Physical address (where will you be in case of an emergency)

_____

Appendix F

Assent Form

Assent Form:

This study is being conducted as part of the requirements for the completion of the Masters of Arts in Art Therapy and Counseling degree at Albertus Magnus College. The purpose of this study is to investigate the effects of art making in social interactions.

During this study, you will be asked to complete a demographic form and questionnaires involving social interactions and take part in an art making activity. Following the art making, there will be a brief discussion about the process. Participation in this study is confidential and is expected to take approximately 30 minutes. Any discussion and artwork will remain private and confidential without the use of your name. The design of the study requires that the researcher hold onto the artwork. Please note that art abilities are not a factor and will not be considered.

This is a completely voluntary study and if for any reason you would no longer like to participate, you are welcome to withdraw at any time. There are no anticipated risks for participating in this study. Benefits of this study may include enjoying art making and assisting a graduate student in the completion of her thesis requirement, as well as contributing to the field of art therapy. The Institutional Review Board (IRB) at Albertus Magnus College has approved this study.

Please inform the researcher if you have any allergies to art materials. If you have any questions or concerns about this study you may contact the following individuals:

The Investigator:	Art Therapy Advisor:	Psychology Advisor:
Katrina Casey	Lisa Furman, PhD, ATR-BC, LPC	Stephen Joy, PhD
Kcasey@albertus.edu	lfurman@albertus.edu	sjoy@albertus.edu

Or:

Joshua Abreu, Chair of IRB

jabreu1@albertus.edu

Your signature below indicates that you have read and understand the description of the study, have had all your questions addressed, and are willing to participate.

Name (print): _____

Signature: _____ Date: _____

___ I received a copy of this form for my record

Appendix G

Script

Hello and thank you for participating in this study!

To begin, please listen carefully to all instructions as we go through them step by step.

If you are under the age of 18 I should have received a consent form from your parents/guardian.

If you do not have this you cannot participate in this session.

(Pause for confirmation)

For the first 5 minutes, we will be filling out your assent forms.

An assessment form is your agreement to participate. Even though your parent, as a legal, gave permission for you to participate, you still have the right to make a decision yourself whether or not to participate, and this decision is written in the assent form. We will read this form out loud together and then you can ask any questions you may have.

I will put a link to this form in the chat. Let me know when you have completed the form.

(Pause for confirmation)

For the next 10 minutes, you will be filling out a questionnaire. I will put a link to this in the chat. Let me know when you have completed the questionnaire.

(Pause for confirmation)

For the next 5 minutes, I will go over the materials in your packet. You may now open your packet.

Your packet should include:

• One pack of 24 Blick ™ colored pencils

• A pencil sharpener

• A template printed on 8.5”X 11” cardstock paper

• A sealed envelope

In your sealed envelope is a piece of paper with your instructions. Once you have it opened and read your instructions along with me as I read them out loud, you may ask any questions.

(Pause for any questions/confirmation)

For the next 20 minutes, follow the instructions and begin your artmaking.

Remember not to worry about your artistic skill, that's not important. I'll let you know when you've reached 20 minutes and when you have 5 minutes left.

(Researcher sets timer for 20 minutes) (Researcher gives a five-minute reminder)

For the next 10 minutes, you will be filling out two more questionnaires that I will send a link to in the chat. I will read the instructions out loud for filling out the questionnaires. You may ask questions if you are unsure about the instructions. Please let me know when you have completed these.

(Pause for confirmation)

For the final 10 minutes, you will be filling out a photo release form. After I read the release form out loud, you can ask any questions you may have. If you agreed to share a photographed image of your artwork please take a photo of it and email it to me now. The photograph will be de-identified, meaning your name will not be on it, and sent through a secure server to my Albertus Magnus College email address.

Finally, I will send you a link to the debriefing form in the chat for your records. I will read through this with you now.

Thank you for participating in this study! If you are the winner of the raffle you will be contacted via email!

Appendix H

State Self-Esteem Scale

This is a questionnaire designed to measure what you are thinking at this moment. There is of course, no right answer for any statement. The best answer is what you feel is true of yourself at the moment. Be sure to answer all of the items, even if you are not certain of the best answer. Again, answer these questions as they are true for you RIGHT NOW

Circle the number that best matches your answer:
1= Not at All
2= A Little Bit
3= Somewhat
4= Very Much
5= Extremely

Item	Description	Not at All	A Little Bit	Somewhat	Very Much	Extremely
1	I feel confident about my abilities	1	2	3	4	5
2	I am worried about whether I am regarded as a success or a failure	1	2	3	4	5
3	I feel satisfied with the way my body looks right now	1	2	3	4	5
4	I feel frustrated or rattled about my performance	1	2	3	4	5
5	I feel I am having trouble understanding things I have read	1	2	3	4	5
6	I feel that others respect and admire me	1	2	3	4	5
7	I am dissatisfied with my weight	1	2	3	4	5
8	I feel self-conscious	1	2	3	4	5
9	I feel as smart as others	1	2	3	4	5

10	I feel displeased with myself	1	2	3	4	5
11	I feel good about myself	1	2	3	4	5
12	I am pleased with my appearance right now	1	2	3	4	5
13	I am worried about what other people think of me	1	2	3	4	5
14	I feel confident that I understand things	1	2	3	4	5
15	I feel inferior to others at this moment	1	2	3	4	5
16	I feel unattractive	1	2	3	4	5
17	I feel concerned about the impression I am making	1	2	3	4	5
18	I feel that I have less scholastic ability right now than others	1	2	3	4	5
19	I feel like I'm not doing well	1	2	3	4	5
20	I am worried about looking foolish	1	2	3	4	5

Appendix I

Demographics

1) **What is your age_____**

2) **Please select the best option. I currently identify my gender as**
__ Female
__ Non-binary
__ Prefer not to respond
__ Self-describe_____

3) **I identify my race as:**
__ Black/African American
__ Asian
__ Pacific Islander
__ White
__ Alaska Native
__ Native Hawaiian
__ American Indian
__ Other Pacific Islander
__ Not listed
__ Prefer not to respond
__ Self-Describe_____

Ethnicity
__ Latinx/Hispanic
__ Latinx/Non-Hispanic

4) **How much training do you have in art-making?**
__ Art classes in elementary and middle school
__ Continued art classes in high school
__ Additional art classes outside of regular school
__ Specialized school program for visual arts

5) **How often are you creating art outside of an art classroom?**
__Never
__Rarely
__Occasionally
__Frequently

Appendix J

Debriefing Form

Debriefing Form: Self-Portraits and Self-Esteem

The purpose of this study was to examine the use of inner self-portraits when compared to the use of drawing self-portraits that focus on external features. Research suggested that when focusing on their physical selves, adolescent females show lower self-esteem. This study hypothesized that if adolescent females focused on their inner attributes through a self-portrait, that their self-esteem would increase; and that drawing a physical self-portrait would decrease self-esteem.

The questionnaire you were given measures self-esteem. Participants were randomly divided into two groups. One group was asked to draw a self-portrait focusing on physical features, and the other was asked to draw an inner self-portrait using colored pencils and paper. The hypothesis was that those who participated in the inner self-portrait would score higher on the State Self-Esteem Scale.

If you would like to know the results of this study, please provide your email address to the researchers. Please note that results can only be provided in aggregates.

Thank you for your voluntary participation in this study!